EXAMPLE: COVER LETTER FOR SINGLE LINE OF BUSINESS BLANKET ENDORSEMENT

OCTOBER 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Blanket Endorsement:

ABCEND-06

Line of Business:

Small Group Contract

Effective Date:

November 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is a Blanket Endorsement for a Change of Company Name, which is being filed for your review to assure compliance with state and federal guidelines.

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL 2. Company Name WASHINGTON CARRIER For OIC Use Only 1. Company ID WASHCOMPANY1234 1 File ID] Analyst Initials 3. Date Submitted 4. Proposed Effective Date Date NOVEMBER 1, 2006 **OCTOBER 1, 2006** Approved Reviewed 6. Title 5. Contact ANGELA BARNES MANAGER, CONTRACTS Withdrawn 7. Phone 8. Fax # Disapproved (000) 000-0000 (000) 000-0000 Acknowledged 10. Purpose of Filing State Tracking # 9. E-Mail ABARNES@WACARRIER.COM TO FILE ENDORSEMENT FOR SINGLE LINE OF BUSINESS Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box A Hallette B C C Line of Insurance Contract # Effective Date Prior Contract # Effective Date **Product Name** STANDARD MASTER CONTRACT ☐ Large Group Contract (51+) Small Group Contract (2-50) ☐ Group Application ☐ Member Application ☐ Certificate of Coverage ABCEND-06 11/1/06 COMPANY NAME CHANGE ⊠ Endorsement/Rider 12. □lndividual ☐ Application ☐ Endorsement/Rider 13. ☐ Conversion ☐ Endorsement/Rider 14. ☐ Network Reports □Access Plan Form B - Network Enrollment ☐GeoGraphic Network Report 15. Other 16. ☐ Small Group Limited Schedule of Benefits ☐ Group Application ☐ Certificate of Coverage ☐ Endorsement/Rider ☐ Benefit Brochure Agreement #/Effective Date Prior Agreement #/Effective Date PRIOR APPROVAL 17. Provider Agreement Negotiated Contract #/Effective 18: RATE Prior Contract #/Effective Date Contract #/Effective Date Proprietary ☐ For-Public 19. NEGOTIATED CONTRACT Employer Association Government ☐ Trust Union Fully Negotiated Short-Form Filing Paperwork Paperwork Paperwork ☐ Paperwork Paperwork **Negotiated Contract Number: Effective Date:** Group Name: **Group Number:** Standard Master Contract Number (short form filings only): **Effective Date:** Forms Included in this Filing: Contract Certificate of Coverage Group Application **Enrollee Application** (Please list form numbers in Section 22 attached) 20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY, PLEASE COMPLETE FIELD 19 ABOVE.) Changes Apply to: Contract Certificate of Coverage Negotiated Endorsement/Rider Form #:

INS-1120 Revised 5/06 9-2

Please note that rate filings and form filings must be submitted together for new plans

21. Additional Group Numbers:

22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
SMALL GROUP CONTRACT	ABC123S-06 9/1/06		ABC S HEALTH
SMALL GROUP CONTRACT	ABC234S-06 9/1/06		ABC S HEALTH PLUS I
SMALL GROUP CONTRACT	ABC345S-06 9/1/06	-	ABC S HEALTH PLUS II
SMALL GROUP CONTRACT	ABC456S-06 9/1/06		ABC S HEALTH PLUS III
SMALL GROUP CONTRACT			ABC S HEALTH PLUS IV
SMALL GROUP CONTRACT	ABC567S-06 9/1/06		ABC S REALTH PLUS IV
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This Schedule is Part of Contract #: ABCEND-06

Effective Date: 11/1/06

EXAMPLE: COVER LETTER FOR MULTIPLE LINES OF BUSINESS BLANKET ENDORSEMENT

OCTOBER 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Blanket Endorsement:

ABCEND-06

Line of Business:

Multiple

Effective Date:

November 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is a Blanket Endorsement for Change of Company Name, which is being filed for your review to assure compliance with state and federal guidelines. Affected Lines of Business are:

- Large Group
- Small Group
- Individual Group
- Conversion

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely, Washington Carrier

Revised 5/06 9-4

	HEALTH CARE SERVICE	CONTRACTOR/HEALTH	H MAINTENA	NCE ORGANIZAT	TION TRANS	MITTAL
1. Co	mpany ID	2. Company Name		For OIC	Use Only	
WAS	HCOMPANY1234	WASHINGTON CARRIER		[] File ID	[] Anal	yst
	te Submitted	4. Proposed Effective Date			Date	Initials
	OBER 1, 2006	NOVEMBER 1, 2006	Approv	the control of the co		
	ntact ELA BARNES	6. Title MANAGER, CONTRACTS	Review Withdr		ati i dan taribub bibah 6.10 da idasang akabubah bas	
7. Ph		8. Fax #	Disapp	a decrease the second of the s		
	000-0000	(000) 000-0000	Ackno	wledged		
9. E-I		10. Purpose of Filing		racking #		
	RNES@WACARRIER.COM	TO FILE ENDORSEMENT FO				· · · · · · · · · · · · · · · · · · ·
	ck all forms that apply to thi et. Please fill out columns A			o list contract numi	bers, attach a	separate
		A		В		C
	Line of Insurance	Contract # Effective Date	Prior Cont	ract # Effective Date	Produc	ct Name
STA	NDARD MASTER CONTRACT					
11.			Ţ.			
Ì	⊠ Small Group Contract (2-50)					
	☐ Group Application					
	☐ Member Application		-			
				CACTOCOMONICO		
	☐ Certificate of Coverage	ABOTHD 00-14/4/00			OCMBAND/NA	45 OHANOS
		ABCEND-06, 11/1/06			COMPANY NAM	/IE CHANGE
12.						
	☐ Application					
Ī	⊠ Endorsement/Rider	ABCEND-06, 11/1/06			COMPANY NAM	NE CHANGE
13.	⊠ Conversion					· · · · · · · · · · · · · · · · · · ·
Ì	⊠ Endorsement/Rider	ABCEND-06, 11/1/06	-		COMPANY NAM	ME CHANGE
14.	☐ Network Reports		-			
	Access Plan					
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ļ	Form B – Network Enrollment					
	☐GeoGraphic Network Report					
15.	☐ Other					
16.	☐ Small Group	vr 1				
	Limited Schedule of Benefits			10 N 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·
	☐ Group Application					
	☐ Member Application					
	☐ Certificate of Coverage					
Ī	☐ Endorsement/Rider					
	☐ Benefit Brochure					
DDI	OR APPROVAL	Agreement #/Effective Date	Prior Agree	ment #/Effective Date		
1						
17. 18. F	Provider Agreement				Negotiated Cor	tract #/Effective
10. 1		Contract #/Effective Date	Prior Contr	act #/Effective Date	Date	
	☐ Proprietary					
19.	☐ For-Public NEGOTIATED CONTRACT		Association	Covernment	Trust	Union
	☐ Fully Negotiated ☐ Short-Form	☐ Employer ☐ ☐ Filling ☐ Paperwork ☐	Association Paperwork		Paperwork	☐ Paperwork
Nege	otiated Contract Number:	· · · · · · · · · · · · · · · · · · ·		Effective Date:		
	ıp Name:			Group Number:	 	
	dard Master Contract Number (short form filings only):		Effective Date:		
	is Included in this Filing: Contra	<u> </u>	Group Applica		cation	
rorm	is moluueu in triis riiing: 🔲 Contra	Act (Please list form number			CallOII	
20. N	EGOTIATED ENDORSEMENT/RIDE				IELD 19 ABOVE.)	
Nego	tiated Endorsement/Rider Form #:	C	hanges Apply to:	☐ Contract ☐ Certific	ate of Coverage)
	Please note ti	hat rate filings and form filing	s must be subn	nitted together for ne	w plans	

INS-1120 Revised 5/06 9-5

21. Additional Group Numbers:

22. Additional Form Numbers:

Form Type	Contract/Form #/Effective Date	Prior Contract/Form #/Effective Date	Product Name
LARGE GROUP CONTRACT	ABC123L-06 8/1/06	-	ABC L HEALTH
LARGE GROUP CONTRACT	ABC234L-06 8/1/06		ABC L HEALTH PLUS I
LARGE GROUP CONTRACT	ABC345L-06 8/1/06		ABC L HEALTH PLUS II
LARGE GROUP CONTRACT	ABC456L-06 8/1/06		ABC L HEALTH PLUS III
LARGE GROUP CONTRACT	ABC567L-06 8/1/06		ABC L HEALTH PLUS IV
SMALL GROUP CONTRACT	ABC123S-06 9/1/06		ABC S HEALTH
SMALL GROUP CONTRACT	ABC234S-06 9/1/06		ABC S HEALTH PLUS I
SMALL GROUP CONTRACT	ABC345S-06 9/1/06		ABC S HEALTH PLUS II
SMALL GROUP CONTRACT	ABC456S-06 9/1/06	, , , , , , , , , , , , , , , , , , ,	ABC S HEALTH PLUS III
SMALL GROUP CONTRACT	ABC567S-06 9/1/06		ABC S HEALTH PLUS IV
INDIVIDUAL CONTRACT	ABC123I-06 8/1/06		ABC I HEALTH
INDIVIDUAL CONTRACT	ABC234I-06 8/1/06	,	ABC I HEALTH PLUS I
INDIVIDUAL CONTRACT	ABC345I-06 8/1/06		ABC I HEALTH PLUS II
INDIVIDUAL CONTRACT	ABC456I-06 8/1/06		ABC I HEALTH PLUS III
INDIVIDUAL CONTRACT	ABC567I-06 8/1/06		ABC I HEALTH PLUS IV
	7.2000.1.000,7.100		7.00 11.07.01.11 200 17
CONVERSION CONTRACT	ABC123C-06 8/1/06		ABC C HEALTH
CONVERSION CONTRACT	ABC234C-06 8/1/06		ABC C HEALTH PLUS I
CONVERSION CONTRACT	ABC345C-06 8/1/06		ABC C HEALTH PLUS II
CONVERSION CONTRACT	ABC456C-06 8/1/06	,	ABC C HEALTH PLUS III
CONVERSION CONTRACT	ABC567C-06 8/1/06		ABC C HEALTH PLUS IV
CONVENCION CONTINUE	71200070-00 0/1/00		ADO OTILALITIT LOOT
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This Schedule is Part of Contract #: ABCEND-06

Effective Date: 11/1/06

EXAMPLE: COVER LETTER FOR ENDORSEMENT TO A LARGE GROUP STANDARD MASTER CONTRACT

SEPTEMBER 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Standard Master Contract Number: ABC123L-06

Contract Effective Date:

August 1, 2006

Endorsement:

ABCEND-06

Endorsement Effective Date:

October 1, 2006

Dear Insurance Policy/Analyst:

Enclosed is an Endorsement to Large Group Standard Master Contract Number ABC123L-06, which amends the Eligibility section. This Endorsement is being filed for your review to assure compliance with state and federal guidelines.

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

Revised 5/06 9-7

-	HEALTH CARE SERVICE	CONTRACTOR/HEALTH I	MAINTENANCE ORGANIZAT	ION TRANSMITTAL
	mpany ID	2. Company Name		Use Only
	SHCOMPANY1234	WASHINGTON CARRIER	[] File ID	[] Analyst
	te Submitted TEMBER 1, 2006	4. Proposed Effective Date OCTOBER 1, 2006	Approved	Date Initials
	entact	6. Title	Reviewed	
	ELA BARNES	MANAGER, CONTRACTS	Withdrawn	
7. Ph		8. Fax #	Disapproved	
) 000-0000	(000) 000-0000	Acknowledged	
9. E-I	RNES@WACARRIER.COM	10. Purpose of Filing	State Tracking # LARGE GROUP STANDARD MAST	
Che		s filing. If additional space is	s required to list contract numb	····
		A A	В	C ,
	Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STA	NDARD MASTER CONTRACT		Contracting the second second	TOWNSER, WITH SERVICE AND A SERVICE
11.	□ Large Group Contract (51+)			
	☐ Small Group Contract (2-50)			
	☐ Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
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40		7862118-00 10/1/00		- LEFOIDIETT OTTETAN
12.	☐Individual			
	☐ Application		:	<u> </u>
	☐ Endorsement/Rider			
13.	☐ Conversion			2
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	Form B – Network Enrollment			
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15.	☐ Other	<u></u>		· · · · · · · · · · · · · · · · · · ·
16.	☐ Small GroupLimited Schedule of Benefits			
	Group Application			
	☐ Member Application			
	☐ Certificate of Coverage			
	☐ Endorsement/Rider			
	☐ Benefit Brochure			
PRI	OR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	☐ Provider Agreement			
18. F	RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
	☐ Proprietary ☐ For-Public			
	NEGOTIATED CONTRACT			Trust 🔲 Union
2000 M	☐ Fully Negotiated ☐ Short-Form	Filing Paperwork P	·	Paperwork
_	otiated Contract Number:		Effective Date:	
Gro	up Name:		Group Number:	
Stan	dard Master Contract Number (short form filings only):	Effective Date:	
	ns Included in this Filing: Contra	(Please list form numbers i	n Section 22 attached)	
20. N	EGOTIATED ENDORSEMENT/RIDE		RACTS ONLY. PLEASE COMPLETE FI	ELD 19 ABOVE.)
Nego	tiated Endorsement/Rider Form #:	Cha	nges Apply to: 🔲 Contract 🔲 Certific	ate of Coverage
	Please note ti	hat rate filings and form filings i	nust be submitted together for nev	v plans

INS-1120 Revised 5/06 9-8

1. Additional Group Nur	nbers:			
22. Additional Form Numbers:				
Form Type ARGE GROUP CONTRACT	Contract/Form #/Effective Date ABC123L-06 8/1/06	Prior Contract/Form #/Effective Date ABC123L-05 8/1/05	Product Name ABC L HEALTH	
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		W. L.A.		
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011100 - NO.				
				

This Schedule is Part of Contract #: ABCEND-06

Effective Date: 10/1/06